

Georgia Medicaid/PeachCare Preferred Drug List

Effective October 1, 2005

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

	Preferred	Non-Preferred	PA	QLL
ABILIFY		NP	PA	QLL
ACCOLATE	P		PA	QLL
ACCU-CHEK ACTIVE	P			QLL
ACCU-CHEK ADVANTAGE	P			QLL
ACCU-CHEK COMFORT CURVE	P			QLL
ACCU-CHEK COMPACT	P			QLL
ACCU-CHEK COMPLETE	P			QLL
ACCU-CHEK EASY	P			QLL
ACCU-CHEK III	P			QLL
ACCU-CHEK INSTANT	P			QLL
ACCU-CHEK INSTANT PLUS	P			QLL
ACCU-CHEK SIMPLICITY	P			QLL
ACCUNEB	P			QLL
ACCUPRIL		NP	PA	QLL
ACCURETIC		NP	PA	QLL
ACEON		NP	PA	QLL
ACETICAL	P		PA	
ACIPHEX		NP	PA	QLL
ACLOVATE	P			
ACTIMMUNE	P		PA	
ACTIQ		NP	PA	QLL
ACTIVELLA		NP		
ACTONEL		NP	PA	QLL
ACTOS	P			QLL
ACULAR, -PF		NP		QLL
ACULAR LS	P			QLL
ADALAT CC		NP	PA	QLL
ADDERALL		NP	PA	QLL
ADDERALL XR	P		PA (> 21 years)	QLL
ADVAIR DISKUS	P			QLL
ADVICOR	P			QLL
AEROBID	P			QLL
AEROBID-M		NP	PA	QLL
afeditab cr generic	P			QLL
AGENERASE	P			
AGGRENOX	P			
AGRYLIN	P			
ALAMAST		NP		QLL
albuterol for nebulization generic	P			QLL
albuterol inhaler generic	P			QLL
ALESSE	P			
ALFERON N	P		PA	

Georgia Medicaid/PeachCare Preferred Drug List

Effective October 1, 2005

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

	Preferred	Non-Preferred	PA	QLL
ALKERAN	P			
ALLEGRA, -D		NP	PA	QLL
ALOCRI		NP		QLL
ALOMIDE		NP		QLL
ALPHAGAN-P	P			
ALREX		NP		QLL
ALTACE	P			QLL
ALTINAC	P			QLL
ALTOPREV (previously Altacor)	P			QLL
ALU-CAP, -TAB	P		PA	
aluminum carbonate generic	P		PA	
aluminum carbonate/glycine generic	P		PA	
aluminum hydroxide generic	P		PA	
AMARYL	P			
AMBIEN	P			QLL
AMERGE	P			QLL
amphetamine salt combination generic	P			QLL
ANA-GUARD	P			QLL
ANA-KIT	P			QLL
ANCOBON	P			
ANDRODERM PATCH	P		PA	QLL
ANDROGEL		NP	PA	QLL
ANTARA		NP		
ANZEMET		NP		QLL
APOKYN	P			
ARANESP	P		PA	QLL
ARAVA	P			QLL
ARICEPT	P			
ARIMIDEX	P			
ARIXTRA		NP		QLL
ARTHROTEC		NP	PA	QLL
ASACOL	P			
ASMANEX		NP	PA	QLL
ASTELIN	P			QLL
ATACAND		NP	PA	QLL
ATACAND HCT		NP	PA	QLL
ATROVENT	P			QLL
AUGMENTIN ES	P			QLL
AUGMENTIN XR	P			QLL
AVALIDE	P			QLL
AVANDAMET	P			QLL
AVANDIA	P			QLL

Georgia Medicaid/PeachCare Preferred Drug List

Effective October 1, 2005

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

	Preferred	Non-Preferred	PA	QLL
AVAPRO	P			QLL
AVELOX	P			QLL
AVELOX ABC	P			QLL
AVINZA	P			QLL
AVITA		NP	PA (> 21 years)	QLL
AVODART	P			
AVONEX, -AD	P		PA	QLL
AXERT	P			QLL
AZELEX		NP		
AZMACORT	P			QLL
AZOPT	P			
AZULFIDINE EN-TAB	P			
BACTROBAN CREAM	P			
BACTROBAN NASAL	P			
BECONASE, -AQ		NP	PA	QLL
benazepril generic	P			QLL
benazepril HCTZ generic	P			QLL
BENICAR	P			QLL
BENICAR HCT	P			QLL
BENZAMYCIN	P			
BETAPACE, -AF		NP	PA	QLL
BETASERON, C-	P		PA	QLL
BETIMOL	P			
BETOPTIC S	P			
BIAXIN		NP	PA	QLL
BIAXIN SUSPENSION	P*	NP	PA (≥ 12yrs, ≤ 65yrs)	QLL
BIAXIN XL		NP	PA	QLL
BONIVA		NP	PA	QLL
BOTOX	P		PA (≥ 35 years)	QLL
bromocriptine generic	P			
bupropion, -ER, -SR generic	P			QLL
butorphanol nasal generic	P			QLL
BYETTA		NP	PA	QLL
CADUET		NP	PA	QLL
CALAN		NP	PA	QLL
CALAN SR		NP	PA	QLL
CALCIBIND	P			
calcium carbonate generic	P		PA	
calcium carbonate/glycine generic	P		PA	
calcium lactate	P		PA	
CAPOTEN		NP	PA	QLL
CAPOZIDE		NP	PA	QLL

P*: Available without PA for <12 yrs and >65 yrs

REVISED 9/20/05

Georgia Medicaid/PeachCare Preferred Drug List

Effective October 1, 2005

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

	Preferred	Non-Preferred	PA	QLL
captopril generic	P			QLL
captopril HCTZ generic	P			QLL
carbamazepine generic	P			
CARDENE	P			QLL
CARDENE IV	P			
CARDENE SR		NP	PA	QLL
CARDIZEM		NP	PA	QLL
CARDIZEM CD		NP	PA	QLL
CARDIZEM INJECTABLE		NP	PA	
CARDIZEM LA	P			QLL
CARDIZEM SR		NP	PA	QLL
CARIMUNE	P		PA	
CARTIA XT	P			QLL
CARTROL	P			QLL
CASODEX	P			
CATAPRES-TTS	P			QLL
CECLOR		NP	PA	QLL
CECLOR CD		NP	PA	QLL
CECLOR SUSPENSION	P*	NP	PA (≥ 12yrs, ≤ 65yrs)	QLL
CEDAX	P			QLL
CEDAX SUSPENSION	P*	NP	PA (≥ 12yrs, ≤ 65yrs)	QLL
CEENU	P			
cefaclor ER generic	P			QLL
cefaclor generic	P			QLL
cefadroxil generic	P			QLL
CEFTIN		NP		QLL
CEFTIN SUSPENSION	P*	NP	PA (≥ 12yrs, ≤ 65yrs)	QLL
cefuroxime generic	P			QLL
CEFZIL SUSPENSION	P*	NP	PA (≥ 12yrs, ≤ 65yrs)	QLL
CEFZIL TABLETS		NP	PA	QLL
CELEBREX		NP	PA	QLL
CELEXA		NP	PA	QLL
CELLCEPT	P			
CELONTIN	P			
CENESTIN		NP		
cephalexin generic	P			QLL
cephradine generic	P			QLL
CERUMENEX	P			
CHIBROXIN		NP		
CILOXAN	P			
cimetidine generic	P			QLL
CIPRO		NP	PA	QLL

P*: Available without PA for <12 yrs and >65 yrs
REVISED 9/20/05

Georgia Medicaid/PeachCare Preferred Drug List

Effective October 1, 2005

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY:** **Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

	Preferred	Non-Preferred	PA	QLL
CIPRODEX	P			QLL
CIPRO HC OTIC	P			
CIPRO SUSPENSION	P			QLL
CIPRO XR	P			QLL
ciprofloxacin generic	P			QLL
citalopram generic	P			QLL
CLARINEX-D	P		PA	QLL
CLARINEX REDITABS		NP	PA	QLL
CLARINEX SYRUP	P		PA (> 2 yr old)	QLL
CLARINEX TABLETS	P		PA	QLL
clarithromycin generic		NP	PA	QLL
CLIMARA PRO PATCH	P			QLL
CLODERM		NP		
clozapine generic		NP		QLL
CLOZARIL		NP		QLL
COGNEX	P			
COLAZAL		NP		
COLESTID	P			
COMBIPATCH	P			
COMBIVENT	P			QLL
COMBIVIR	P			
COMBUNOX		NP	PA	QLL
COMTAN	P			
CONCERTA	P		PA (> 21 years)	QLL
COPAXONE	P		PA	QLL
COPEGUS		NP		
CORDRAN		NP		QLL
COREG	P			
CORTIFOAM	P			
CORZIDE	P			QLL
COSOPT	P			
COTAZYM	P			
COUMADIN		NP	PA	
COVERA HS		NP	PA	QLL
COZAAR	P			QLL
CRESTOR		NP	PA	QLL
CRINONE GEL		NP	PA	
CRIXIVAN	P			
CUPRIMINE	P			
CUTIVATE	P			
CYCLESSA		NP		
CYLERT	P		PA (> 21 years)	QLL

Georgia Medicaid/PeachCare Preferred Drug List

Effective October 1, 2005

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

	Preferred	Non-Preferred	PA	QLL
CYMBALTA		NP	PA	QLL
CYTOGAM	P		PA	
CYTOMEL	P			
CYTOVENE	P			
DANTRIUM	P			
DAPSONE	P			
DARAPRIM	P			
DDAVP NASAL	P			
DDAVP TAB	P			
DELATESTRYL	P		PA	
DEMSER	P			
DENAVIR	P			
DEPAKOTE, -ER	P			
DEPO-TESTOSTERONE	P		PA	
DESOXYN		NP	PA	QLL
DETROL, -LA	P			QLL
DEXEDRINE	P		PA (> 21 years)	QLL
dextroamphetamine generic	P		PA (> 21 years)	QLL
DEXTROSTAT	P		PA (> 21 years)	QLL
DHT		NP	PA	
DIASAT	P		PA	
DIATX/-FE	P		PA	
DIDRONEL		NP	PA	QLL
DIFFERIN	P		PA (> 21 years)	QLL
DIFLUCAN	P		PA	
DIFLUCAN 150MG TAB	P			QLL
digoxin generic	P			
DILACOR XR		NP		QLL
DILANTIN		NP		
DILANTIN INFATAB		NP		
DILTIA XT	P			QLL
diltiazem er generic	P			QLL
diltiazem generic	P			QLL
diltiazem injectable generic	P			
diltiazem xr generic	P			QLL
dioctyl sodium/calcium sulfosuccinate generic	P		PA	
DIOVAN	P			QLL
DIOVAN HCT	P			QLL
DIPENTUM		NP		
DIPROLENE	P			
DIPROLENE AF	P			
DITROPAN, -XL		NP	PA	QLL

P*: Available without PA for <12 yrs and >65 yrs
REVISED 9/20/05

Georgia Medicaid/PeachCare Preferred Drug List

Effective October 1, 2005

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

	Preferred	Non-Preferred	PA	QLL
DOSTINEX	P			QLL
DOVONEX	P			
DRITHOCREME	P			
DRITHOCREME HP	P			
DRITHO-SCALP	P			
DUONEB	P			QLL
DURAGESIC	P			QLL
DURICEF SUSP	P			
DYNACIRC, -CR	P			QLL
DYNAPEN SUSP	P			
E.E.S. 400	P			QLL
EFFEXOR, -XR	P			QLL
EFUDEX	P			
electrolyte solution/PEG generic	P			QLL
ELESTAT		NP		
ELIDEL	P		PA	QLL
ELIMITE	P			QLL
ELMIRON	P			
ELOCON	P			QLL
EMADINE		NP		QLL
EMCYT	P			
EMEND		NP		QLL
E-MYCIN	P			QLL
ENABLEX		NP	PA	QLL
enalapril generic	P			QLL
enalapril HCTZ generic	P			QLL
enalaprilat generic	P			QLL
ENBREL	P			QLL
EPIPEN	P			QLL
EPIVIR	P			
EPIVIR HBV	P			
EPOGEN	P		PA	
ergocalciferol generic	P		PA	
ERTACZO		NP		
ERYC	P			QLL
ERYPED		NP	PA	QLL
ERYPED 200mg/5ml	P			
ERY-TAB	P			QLL
erythromycin generic	P			QLL
ESTRACE	P			QLL
ESTRADERM	P			QLL
estradiol patch generic	P			QLL

P*: Available without PA for <12 yrs and >65 yrs
REVISED 9/20/05

Georgia Medicaid/PeachCare Preferred Drug List

Effective October 1, 2005

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

	Preferred	Non-Preferred	PA	QLL
ESTRASORB		NP		
ESTRATAB	P			
ESTROGEL		NP		QLL
ESTROSTEP FE		NP		
ETHMOZINE	P			
EURAX	P			QLL
EVISTA	P			
EVOXAC	P			
EXELDERM		NP		
EXELON	P			
FACTIVE		NP	PA	QLL
famotidine generic	P			QLL
FAMVIR		NP		QLL
FAZACLO		NP	PA	QLL
FELBATOL	P			
FEMARA	P			
FEMHRT	P			
FEMRING		NP		QLL
fentanyl generic		NP	PA	QLL
fexofenadine generic		NP	PA	QLL
flavoxate generic	P			QLL
FLOMAX	P			
FLONASE	P			QLL
FLOVENT	P			QLL
FLOVENT ROTADISK	P			QLL
FLOXIN		NP	PA	QLL
FLOXIN OTIC	P			
flunisolide generic	P			QLL
fluoxetine generic	P			QLL
fluvoxamine generic	P			QLL
fluphenazine deconate vial generic	P			QLL
FML-FORTE	P			QLL
FML-S	P			
FOCALIN	P		PA (> 21 years)	QLL
FOCALIN XR	P		PA (> 21 years)	QLL
folic acid 1mg generic	P			QLL
FORADIL	P			QLL
FORTEO		NP	PA	
FORTOVASE	P			
FOSAMAX, -WEEKLY	P			QLL
FOSAMAX-D	P			QLL
fosinopril generic	P			QLL

Georgia Medicaid/PeachCare Preferred Drug List

Effective October 1, 2005

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

	Preferred	Non-Preferred	PA	QLL
fosinopril HCTZ generic	P			QLL
FRAGMIN	P			QLL
FROVA		NP	PA	QLL
FUZEON	P		PA	QLL
GAMIMUNE	P		PA	
GAMMAGARD	P		PA	
GAMMAR	P		PA	
GAMUNEX	P		PA	
GANTRISIN PEDIATRIC	P			
GENOTROPIN	P		PA	
GEODON	P			QLL
GEREF	P		PA	
GLUCOTROL XL	P			
GLUCOVANCE		NP	PA	QLL
GLUTOFAC-MX		NP	PA	
GLUTOFAC-ZX	P		PA	
glyburide generic	P			QLL
glyburide/metformin generic	P			QLL
GLYSET	P			
GRIFULVIN V SUSP	P			
HALOG, -E		NP		
haloperidol deconate vial generic	P			QLL
HECTOROL	P		PA	
HELIDAC		NP		
HEPARIN SODIUM	P			
HIVID	P			
HMS LIQUIFILM	P			QLL
HUMALOG		NP	PA	QLL
HUMATROPE		NP	PA	
HUMIRA	P			QLL
HUMULIN 50/50	P			QLL
HUMULIN 70/30		NP	PA	QLL
HUMULIN L	P			QLL
HUMULIN N		NP	PA	QLL
HUMULIN R 100		NP	PA	QLL
HUMULIN R 500	P			QLL
HUMULIN U	P			QLL
hydrocortisone acetate cream generic	P			QLL
HYTAKEROL	P		PA	
HYZAAR	P			QLL
IB STAT ORAL SPRAY		NP		QLL
ILETIN	P			QLL

Georgia Medicaid/PeachCare Preferred Drug List

Effective October 1, 2005

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

	Preferred	Non-Preferred	PA	QLL
IMITREX (tabs, inj, ns)	P			QLL
INFERGEN	P		PA	QLL
INNOHEP	P			QLL
INNOPRAN XL		NP	PA	QLL
INSPRA		NP		
INSULIN CARTRIDGES			PA (> 21 years)	QLL
INSULIN PEN DELIVERY SYSTEMS			PA (> 21 years)	QLL
INTAL INHALER	P			QLL
INTRON A	P		PA	
INVIRASE	P			
IOPIDINE		NP		
ipratropium generic	P			QLL
ISOPTIN SR		NP	PA	QLL
ISOPTO CARBACHOL	P			
IVEEGAM	P		PA	
KADIAN	P			QLL
KALETRA	P			
KEPPRA	P			
KETEK		NP		
ketorolac generic	P			QLL
KINERET	P			QLL
KUZYME	P			
KYTRIL		NP		QLL
LACTULOSE	P		PA (> 21 years)	
LAMICTAL	P			
LAMISIL SOLUTION	NP			
LAMISIL TABLETS	P		PA	
LANOXICAPS		NP	PA	
LANOXIN		NP	PA	
LANTUS	P			QLL
LESCOL, -XL	P			QLL
LEUKERAN	P			
LEUKINE	P		PA	
LEVAQUIN	P			QLL
LEVATOL	P			QLL
levocarnitine generic	P		PA	
levothyroxine generic	P			
LEXAPRO	P			QLL
LEXIVA	P			
LEXXEL	P			
LINDANE	P			QLL
LIPITOR		NP	PA	QLL

Georgia Medicaid/PeachCare Preferred Drug List

Effective October 1, 2005

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY:** **Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

	Preferred	Non-Preferred	PA	QLL
lisinopril generic	P			QLL
lisinopril HCTZ generic	P			QLL
lithium carbonate generic	P			
LIVOSTIN		NP		
LOCOID		NP		
LOFIBRA		NP		
LOPROX		NP		
LORABID		NP	PA	QLL
LORABID SUSPENSION	P*	NP	PA (≥ 12yrs, ≤ 65yrs)	QLL
loratadine, -D generic OTC	P			QLL
LOTEMAX		NP		QLL
LOTENSIN		NP	PA	QLL
LOTENSIN HCT		NP	PA	QLL
LOTREL	P			
LOTRISONE LOTION		NP		
LOTRONEX		NP		QLL
LOVENOX	P			QLL
LUMIGAN	P			QLL
LUNELLE	P			QLL
LUNESTA		NP		QLL
LUPRON DEPOT	P			QLL
LYRICA	P		PA	
LYSODREN	P			
MACROBID	P			
MAGNEBIND	P		PA	
magnesium carbonate generic	P		PA	
maprotiline generic	P			QLL
MARINOL	P		PA	
MATULANE	P			
MAVIK	P			QLL
MAXAIR	P			QLL
MAXAIR AUTOHALER	P			QLL
MAXALT, -MLT	P			QLL
MAXAQUIN		NP	PA	QLL
MEGACE ES		NP	PA	
MENEST	P			
MENTAX		NP		
MEPHYTON	P			
MEPRON	P			
METADATE CD	P		PA (> 21 years)	QLL
METADATE ER	P		PA (> 21 years)	QLL
METAGLIP	P			QLL

P*: Available without PA for <12 yrs and >65 yrs
REVISED 9/20/05

Georgia Medicaid/PeachCare Preferred Drug List

Effective October 1, 2005

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

	Preferred	Non-Preferred	PA	QLL
metaproterenol for nebulization generic	P			QLL
metaproterenol inhaler generic	P			QLL
methamphetamine generic		NP	PA	QLL
metformin generic	P			QLL
METHYLIN CHEW TABS & SOLN		NP	PA	QLL
METHYLIN TABS	P		PA (> 21 years)	QLL
METHYLIN ER	P			QLL
methylphenidate er generic	P			QLL
methylphenidate generic	P			QLL
METROCREAM	P			
METROGEL	P			
METROLOTION	P			
MEVACOR		NP	PA	QLL
MIACALCIN	P			QLL
MICARDIS	P			QLL
MICARDIS HCT	P			QLL
miconazole generic	P			QLL
MIDAZOLAM	P		PA	
MIGRANAL NS		NP	PA	QLL
MINTEZOL	P			
MIRAPEX	P			
MIRENA		NP		QLL
mirtazapine generic	P			QLL
MOBAN	P			
MOBIC	P		PA	QLL
moexipril generic	P			QLL
MONISTAT 1	P			QLL
MONOPRIL		NP	PA	QLL
MONOPRIL HCT		NP	PA	QLL
morphine sulfate sa generic	P			QLL
MS CONTIN	P			QLL
MYCELEX	P			
MYCOBUTIN	P			
MYFORTIC	P			
MYLERAN	P			
MYOBLOC	P		PA	QLL
NALFON		NP		
NAMENDA	P			
NAPRELAN		NP		
NARDIL	P			
NASACORT, -AQ		NP	PA	QLL
NASALIDE		NP	PA	QLL

Georgia Medicaid/PeachCare Preferred Drug List

Effective October 1, 2005

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY:** **Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

	Preferred	Non-Preferred	PA	QLL
NASAREL		NP	PA	QLL
NASONEX	P			QLL
NEBUPENT	P			QLL
nefazodone generic	P			QLL
neomycin/polymixin/hc generic	P			QLL
NEPHRON FA		NP	PA	
NEULASTA	P		PA	
NEUMEGA	P			QLL
NEUPOGEN	P		PA	
NEURONTIN	P			
NEXIUM	P			QLL
niacin generic	P		PA	
NIASPAN	P			
nicardipine generic	P			QLL
nifediac cc generic	P			QLL
nifedical xl generic	P			QLL
nifedipine er 30mg, 60mg generic	P			QLL
nifedipine er 90mg generic	P			QLL
nifedipine ir generic	P			QLL
nifedipine sa generic	P			QLL
NIMOTOP	P			
nitroglycerin patches generic	P			
NITROLINGUAL SPRAY	P			QLL
nizatidine generic	P			QLL
NORDITROPIN	P		PA	
NORITATE		NP		
NOROXIN		NP	PA	QLL
NORVASC	P			QLL
NORVIR	P			
NOVOLIN	P			QLL
NOVOLOG	P			QLL
NULYTELY		NP		QLL
NUTROPIN, -AQ, -DEPOT	P		PA	
NUVARING	P			
OCL	P			QLL
OCUFLOX	P			
ofloxacin generic	P			QLL
omeprazole generic		NP	PA	QLL
OMNICEF	P			QLL
OMNICEF SUSPENSION	P*	NP	PA (≥ 12yrs, ≤ 65yrs)	QLL
OPTIVAR		NP		
ORAMORPH SR		NP	PA	QLL

P*: Available without PA for <12 yrs and >65 yrs

REVISED 9/20/05

Georgia Medicaid/PeachCare Preferred Drug List

Effective October 1, 2005

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY:** **Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

	Preferred	Non-Preferred	PA	QLL
ORFADIN	P			QLL
ORGARAN	P			
ORTHO TRI-CYCLEN		NP		
ORTHO TRI-CYCLEN LO		NP		
ORTHO-EVRA	P			QLL
ORTHO-PREFEST		NP		
ORUVAIL		NP		
OVCON-35		NP		
OVCON-50		NP		
OVIDE		NP		QLL
OXISTAT		NP		
oxybutynin generic	P			QLL
oxycodone er generic		NP	PA	QLL
OXYCONTIN		NP	PA	QLL
OXYTROL	P			QLL
P1-E1 /P2-E1/P3-E1	P			
PALLADONE		NP	PA	QLL
PANCREASE	P			
PANDEL		NP		
PANGLOBULIN	P		PA	
PANRETIN	P		PA	
PARNATE	P			
paroxetine generic	P			QLL
PATANOL	P			
PAXIL		NP		QLL
PAXIL CR	P			QLL
PCE	P			QLL
PEGASYS	P		PA	QLL
PEG-INTRON	P		PA	QLL
PEMOLINE	P		PA (> 21 years)	QLL
PENLAC		NP	PA	
PENTASA	P			
pergolide generic	P			
PEXEVA	P			QLL
phenytoin generic	P			
PHOSLO	P		PA	
PHOSPHOLINE IODIDE	P			
PILOPINE H.S.	P			
PLAVIX	P			QLL
PLENDIL	P			QLL
PLEXION CLEANSING CLOTHS		NP		QLL
POLYGAM	P		PA	

Georgia Medicaid/PeachCare Preferred Drug List

Effective October 1, 2005

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

	Preferred	Non-Preferred	PA	QLL
PONSTEL		NP	PA	QLL
PRANDIN	P			
PRAVACHOL		NP	PA	QLL
PRAVIGARD PAC		NP	PA	QLL
PRECOSE	P			
PREMARIN	P			
PREMPHASE	P			
PREMPRO	P			
PREVACID CAPSULES, SUSPENSION	P			QLL
PREVACID NAPRAPAC		NP	PA	QLL
PREVACID SOLUTAB		NP	PA	QLL
PREVEN		NP		QLL
PREVPAC	P			QLL
PRILOSEC		NP	PA	QLL
PRINIVIL		NP	PA	QLL
PRINZIDE		NP	PA	QLL
PROAMATINE	P			
PROCARDIA		NP	PA	QLL
PROCARDIA XL		NP	PA	QLL
PROCRIT	P		PA	
PROCTOFOAM-HC	P			
PROGRAF	P			
PROLEUKIN	P			
PROMETRIUM	P			
PROSCAR	P			
PROSTIGMIN	P			
PROTONIX		NP	PA	QLL
PROTOPIC	P		PA	QLL
PROTROPIN	P		PA	
PROVENTIL FOR NEBULIZATION		NP	PA	QLL
PROVENTIL HFA	P			QLL
PROVIGIL		NP	PA	QLL
PROZAC		NP	PA	QLL
PSORCON E		NP		
PULMICORT RESPULES	P			QLL
PULMICORT TURBUHALER		NP	PA	QLL
PURINETHOL	P			
pyridoxine (vitamin B-6) generic	P		PA	
quinapril generic	P			QLL
quinaretic generic	P			QLL
QUIXIN		NP		
QVAR	P			QLL

Georgia Medicaid/PeachCare Preferred Drug List

Effective October 1, 2005

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

	Preferred	Non-Preferred	PA	QLL
RADIACARE	P			
ranitidine generic	P			QLL
RAPAMUNE	P			
RAPIFLUX		NP	PA	QLL
RAPTIVA	P		PA	
REBETOL	P			
REBETRON	P		PA	QLL
REBIF	P		PA	QLL
REGRANEX	P		PA	QLL
RELENZA		NP		QLL
RELPAK	P			QLL
REMERON		NP	PA	QLL
REMICADE		NP	PA	QLL
REMINYL	P			
RENAGEL		NP	PA	
RENAX	P		PA	
RENOVA		NP	PA (> 21 years)	QLL
REQUIP	P			
RESCRIPTOR	P			
RESCULA		NP	PA	QLL
RESPIGAM	P		PA	
RESTASIS	P			QLL
RETIN-A MICRO	P		PA (> 21 years)	QLL
RETISERT		NP	PA	
RETROVIR	P			
REVATIO		NP	PA	QLL
REYATAZ	P			
RHINOCORT	P			QLL
RHINOCORT AQUA	P			QLL
RIDAURA	P			
RISPERDAL CONSTA		NP		QLL
RISPERDAL M-TAB		NP	PA	QLL
RISPERDAL TABS & SOLN	P			QLL
RITALIN	P		PA (> 21 years)	QLL
RITALIN LA	P		PA (> 21 years)	QLL
RITALIN SR	P		PA (> 21 years)	QLL
ROFERON-A	P		PA	
ROWASA	P			
ROZEREM		NP		QLL
SAIZEN		NP	PA	
SALAGEN	P			
SANCTURA		NP	PA	QLL

Georgia Medicaid/PeachCare Preferred Drug List

Effective October 1, 2005

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY:** **Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

	Preferred	Non-Preferred	PA	QLL
SANDOSTATIN	P			
SARAFEM		NP	PA	QLL
SEASONALE		NP		QLL
SEMPREX-D	P			
SENSIPAR		NP		
SEREVENT, -DISKUS	P			QLL
SEROQUEL	P			QLL
SEROSTIM		NP	PA	
SERZONE		NP	PA	QLL
SINGULAIR	P		PA	QLL
SKELID		NP		
SLO-BID		NP	PA	QLL
sodium bicarbonate generic	P		PA	
SOFT CLIX	P			QLL
SOFT TOUCH	P			QLL
SONATA		NP		QLL
SPECTRACEF	P			QLL
SPIRIVA		NP	PA	QLL
SPORANOX	P		PA	QLL
STARLIX	P			
STRATTERA		NP	PA	QLL
SULAR	P			QLL
SUPRAX		NP	PA	QLL
SUPRAX SUSPENSION	P*	NP	PA (≥ 12yrs, ≤ 65yrs)	QLL
SUSTIVA	P			
SYMBYAX		NP	PA	QLL
SYMLIN		NP	PA	QLL
SYNAGIS	P		PA	QLL
SYNAREL	P			
SYNTHROID		NP		
TAMIFLU	P			QLL
TARCEVA	P		PA	
TARGRETIN CAP	P			QLL
TARGRETIN GEL	P			QLL
TARKA	P			
TAZORAC	P		PA (> 21 years)	QLL
TAZTIA XT	P			QLL
TEGRETOL, -XR		NP		
TEMODAR	P		PA	QLL
TEQUIN		NP	PA	QLL
TERAZOL	P			QLL
TESTIM		NP	PA	QLL

P*: Available without PA for <12 yrs and >65 yrs
REVISED 9/20/05

Georgia Medicaid/PeachCare Preferred Drug List

Effective October 1, 2005

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

	Preferred	Non-Preferred	PA	QLL
TESTODERM		NP	PA	
testosterone injection generic	P		PA	
TEVETEN	P			QLL
TEVETEN HCT	P			QLL
TEV-TROPIN		NP	PA	
THEO-DUR		NP	PA	
theophylline generic	P			
thiamine (vitamin B-1) generic	P		PA	
THIOGUANINE	P			
THYROID STRONG	P			
THYROLAR	P			
TIAZAC		NP	PA	QLL
TILADE	P			QLL
TIMOLIDE	P			QLL
TINDAMAX		NP	PA	
TOBI	P			QLL
TOBRADEX	P			
TONOCARD	P			
TOPAMAX	P			
TOPROL XL		NP	PA	QLL
TORNALATE		NP		QLL
tramadol generic	P			QLL
tramadol/acetaminophen generic	P			QLL
TRANSDERM-SCOP	P			
TRAVATAN	P			QLL
trazodone generic	P			QLL
TRELSTAR LA-DEPOT	P			QLL
tretinoin generic	P		PA (> 21 years)	QLL
TRICOR		NP		
TRILEPTAL	P			
TRINALIN		NP		
TRI-NORINYL		NP		
TRIZIVIR TABLET	P			
TROVAN		NP		
TRUSOPT	P			
ULTRACET		NP		QLL
ULTRAVATE	P			
UNI-DUR		NP	PA	
UNIPHYL		NP	PA	
UNIRETIC	P			QLL
UNIVASC	P			QLL
UROXATRAL	P			

Georgia Medicaid/PeachCare Preferred Drug List

Effective October 1, 2005

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

	Preferred	Non-Preferred	PA	QLL
URSO	P			
VALTREX	P			QLL
VANCENASE, -AQ		NP	PA	QLL
VANCERIL	P			QLL
VANCOCIN	P			
VANTIN		NP	PA	QLL
VANTIN SUSPENSION	P*	NP	PA (≥ 12yrs, ≤ 65yrs)	QLL
VASERETIC		NP	PA	QLL
VASOTEC		NP	PA	QLL
VELOSULIN	P			QLL
VENTAVIS		NP	PA	QLL
VENOGLOBULIN	P		PA	
VENTOLIN HFA	P			QLL
VEPESID	P			
verapamil generic	P			QLL
VERELAN		NP	PA	QLL
VERELAN PM	P			QLL
VESANOID	P			
VESICARE		NP	PA	QLL
VEXOL		NP		QLL
VFEND		NP	PA	
VIBRAMYCIN SYRUP, SUSPENSION	P			
VIDAZA	P		PA	QLL
VIDEX	P			
VIDEX EC	P			
VIGAMOX		NP		
VIKASE	P			
VIRACEPT	P			
VIREAD	P			
vitamin B complex w/ C generic	P		PA	
vitamin B-12 injection generic	P		PA	
VIVELLE, -DOT	P			QLL
VOLTAREN		NP		
VYTORIN	P			QLL
warfarin sodium generic	P			
WELLBUTRIN, -SR		NP	PA	QLL
WELLBUTRIN XL	P			QLL
XALATAN	P			QLL
XELODA	P			
XENICAL	P		PA	
XIFAXAN		NP	PA	
XOPENEX		NP	PA (> 8 years)	QLL

P*: Available without PA for <12 yrs and >65 yrs

REVISED 9/20/05

Georgia Medicaid/PeachCare Preferred Drug List

Effective October 1, 2005

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

	Preferred	Non-Preferred	PA	QLL
YASMIN		NP		
ZADITOR	P			
ZANTAC SYRUP	P			QLL
ZEGERID		NP	PA	QLL
ZELNORM	P		PA	
ZEMPLAR		NP	PA	
ZERIT	P			
ZESTORETIC		NP	PA	QLL
ZESTRIL		NP	PA	QLL
ZETIA	P		PA	QLL
ZIAGEN	P			
ZITHROMAX	P			QLL
ZITHROMAX SUSPENSION	P*	NP	PA (≥ 12yrs, ≤ 65yrs)	QLL
ZMAX		NP	PA	QLL
ZOCOR	P			QLL
ZOFRAN, -ODT	P			QLL
ZOLOFT	P			QLL
ZOMIG, -ZMT	P			QLL
ZONEGRAN	P			
ZOVIRAX OINTMENT	P			
ZYMAR		NP		
ZYPREXA		NP	PA	QLL
ZYPREXA ZYDIS		NP	PA	QLL
ZYPREXA INJECTABLE		NP		QLL
ZYRTEC SYRUP	P (< 2 yr old)	NP (> 2yr old)	PA (> 2 yr old)	QLL
ZYRTEC, -D		NP	PA	QLL
ZYVOX	P		PA	